

PASSPORT To Health

What Is PASSPORT To Health, Prior Authorization and a Restricted Card? (ARM 37.86.5101-5120)

PASSPORT To Health, prior authorization (PA), and the Restricted Card Program are three examples of the Department's efforts to ensure the appropriate use of Medicaid services. Each of these programs has specific requirements.

PASSPORT To Health

PASSPORT To Health Managed Care Program is Montana Medicaid's Primary Care Case Management (PCCM) Program. Under PASSPORT, Medicaid clients choose one primary care provider and develop an ongoing relationship that provides a "medical home." With some exceptions, all services to PASSPORT clients must be provided or approved by the PASSPORT provider.

The PASSPORT mission is to manage the delivery of health care to Montana Medicaid clients in order to improve or maintain access and quality while minimizing use of health care resources. Approximately 68% of the Medicaid population is enrolled in PASSPORT. Most Montana Medicaid clients must participate in PASSPORT. The PASSPORT Program saves the Medicaid Program approximately \$20 million each year. These savings allow improved benefits and/or reimbursement elsewhere in the Medicaid Program.

Prior Authorization

Prior authorization (PA) refers to a list of services that require Department authorization before they are performed. Some services may require both PASSPORT approval and prior authorization. If a service requires prior authorization, the requirement exists for all Medicaid clients. Prior authorization is usually obtained through the Department or a prior authorization contractor. If both PASSPORT approval and prior authorization are required for a service, then both numbers must be recorded in different fields on the Medicaid claim form (see the *Completing a Claim* chapter in the Medicaid billing manual for your provider type). Most Montana Medicaid fee schedules indicate when PA is required for a service. For more information on prior authorization, see the *PASSPORT and Prior Authorization* chapter in the Medicaid billing manual for your provider type.



Medicaid does not pay for services when prior authorization, PASSPORT, or restricted card requirements are not met.



When both PASSPORT approval and prior authorization are required, they must be recorded in different fields on the claim form.

Restricted Card

When utilization of services is excessive, inappropriate, or fraudulent, a client is restricted to designated providers. Services are covered only when they are provided or approved by the designated provider shown in the eligibility information.

In practice, providers will most often encounter clients who are enrolled in PASSPORT. Whether the client is enrolled in PASSPORT or on a restricted card, the eligibility information denotes the client's primary care provider. All services must be provided or authorized by the designated provider. Specific services may require both prior authorization and PASSPORT provider approval. To be covered by Medicaid, all services must be provided in accordance with the requirements listed in the *Provider Requirements* chapter of the *General Information For Providers* manual and in the Medicaid billing manual for your provider type.

Verifying PASSPORT Enrollment

Client eligibility verification will denote whether the client is enrolled in PASSPORT. The client's PASSPORT provider and phone number are also available, and the client may have Full or Basic coverage. Instructions for checking client eligibility are in the *Client Eligibility and Responsibilities* chapter of the *General Information For Providers* manual.

PASSPORT and Emergency Services

PASSPORT provider approval is not required for emergency services provided in the emergency department (ED) for any Medicaid client. Emergency medical services are those services required to treat and stabilize an emergency medical condition. Non-emergencies in the ED will not be reimbursed, except for the screening and evaluation fee and any appropriate imaging and diagnostic services that are part of the screening. For more information, see *Emergency Services* on the Provider Information website or in the Medicaid billing manual for your provider type (see *Key Contacts*).

If inpatient hospitalization is recommended as post stabilization treatment, the hospital must get a referral from the client's PASSPORT provider. If the hospital attempts to contact the PASSPORT provider and does not receive a response within 60 minutes, authorization is assumed. To be paid for these services, send the program officer (see *Key Contacts*) documentation that clearly shows the time of the attempt to reach the PASSPORT provider and the time of the initiation of post stabilization treatment. There must be a 60 minute time lapse between these two events.

PASSPORT referral and approval

If a Medicaid client is seeking a medically necessary service that the PASSPORT provider does not provide, and the service requires PASSPORT approval, then the PASSPORT provider refers the client to another provider. Referrals can be made to any other provider who accepts Montana Medicaid. Referrals from the PASSPORT provider may be verbal or in writing and must be documented by the PASSPORT provider. Referrals must also be accompanied by the primary care provider's PASSPORT number for use on the claim. See Appendix A for a Medicaid covered services and PASSPORT referral information. Providers should refer to their Medicaid billing manual for their provider type.

PASSPORT and Indian Health Services

Clients who are eligible for both Indian Health Services (IHS) and Medicaid may choose a PASSPORT-enrolled IHS provider or another provider as their PASSPORT provider. Clients who are eligible for IHS do not need a referral from their PASSPORT provider to obtain services from IHS. However, if IHS refers the client to a non-IHS provider, the PASSPORT provider must approve the referral.

Non-PASSPORT Provider and a PASSPORT Client

To be covered by Medicaid, all services must be provided in accordance with the requirements listed in the *Provider Requirements* chapter of the *General Information For Providers* manual and in the *Covered Services* chapter of the Medicaid billing manual for your provider type. Prior authorization and restricted card requirements must also be followed.

- If a client is enrolled in PASSPORT, the services must be provided or approved by the client's PASSPORT provider. Some services do not require PASSPORT approval (See *Appendix A Medicaid Covered Services*).
- The PASSPORT provider's approval may be verbal or written but should be documented and maintained in the client's file, and the claim form must contain the PASSPORT provider's PASSPORT number. The referral must be documented in the PCP's client file or telephone log. Documentation should not be submitted with the claim.
- The client's PASSPORT provider must be contacted for approval for each visit.
- Using another provider's PASSPORT number without approval is considered fraud.
- If a PASSPORT provider refers a client to you, do not refer that client to someone else without the PASSPORT provider's approval. This is considered piggy backing and Medicaid will not cover the service.
- A facility or non-PASSPORT provider is not authorized to pass on a PASSPORT approval number. This may be considered fraud.

- To verify client eligibility, see the *Client Eligibility* chapter in the *General Information For Providers* manual.

How to Become a PASSPORT Provider

Any provider who has primary care within his or her scope of practice and is practicing primary care can be a PASSPORT provider. PASSPORT providers receive a monthly case management fee of \$3.00 for each enrolled PASSPORT client. Providers who wish to become a PASSPORT provider must:

- Enroll in Medicaid. Medicaid enrollment forms are available on the *Provider Information* website, or providers may call Provider Relations (see *Key Contacts*).
- Enroll in PASSPORT. The PASSPORT agreement is available on the *Provider Information* website, or providers may call Provider Relations (see *Key Contacts*).

PASSPORT Tips

- Verify the client's Medicaid eligibility by using one of the methods described in the *Client Eligibility and Responsibilities* chapter of the *General Information For Providers* manual.
- Do not bill for case management fees; they are paid automatically to the provider each month.
- If you are not your client's PASSPORT provider, and the services require PASSPORT provider approval, contact the client's PASSPORT provider for approval. If the service is approved, include the PASSPORT approval number on the claim, or it will be denied.
- The same cost sharing, service limits, and provider payment rules apply to PASSPORT and non-PASSPORT clients and services.
- For claims questions, refer to the *Billing Procedures* chapter of the Medicaid billing manual for your provider type, or call Provider Relations (see *Key Contacts*).

Getting questions answered

The *Key Contacts* section in the front of the *General Information For Providers* manual provides important phone numbers and addresses. Providers may call Provider Relations for answers to questions about Medicaid or PASSPORT enrollment, claims, client eligibility, and more. Clients may call the Montana Medicaid Help Line for answers to most Medicaid and PASSPORT questions. Provider newsletters keep providers updated on Medicaid and PASSPORT changes and are available on the *Provider Information* web site (see *Key Contacts*).